

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Rely on Your Beliefs Fund

ADDRESS (number and street)

209 Pennsylvania Avenue, SE

Check if different
than previously
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00344648

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Corinne A. Falencki

Signature of Treasurer

Electronically Filed by Corinne A. Falencki

Date

09

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		290102.14
(b) Cash on Hand at Beginning of Reporting Period	576822.26	
(c) Total Receipts (from Line 19)	42993.83	825923.27
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	619816.09	1116025.41
7. Total Disbursements (from Line 31)	55336.69	551546.01
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	564479.40	564479.40
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name
Rely on Your Beliefs Fund

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	28993.83	126743.83
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	28993.83	126743.83
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	14000.00	692000.00
(c) Other Political Committees (such as PACs)	42993.83	818743.83
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5)		
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	7009.30
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	170.14
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	42993.83	825923.27
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	42993.83	825923.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	44836.69	228846.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	44836.69	228846.09
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	303699.92
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	5000.00
29. Other Disbursements.....	500.00	14000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	55336.69	551546.01
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	55336.69	551546.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	42993.83	818743.83
34. Total Contribution Refunds (from Line 28(d))	0.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	42993.83	813743.83
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	44836.69	228846.09
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	44836.69	228846.09

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Associated Builders & Contractors PAC

Mailing Address 4250 Fairfax Dr Fl 9
9th Floor

City State Zip Code
Arlington VA 22203-1665

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 60920.C309

Amount of Each Receipt this Period

5000.00

Receipt

B. Full Name (Last, First, Middle Initial)

National Restaurant Association PAC

Mailing Address 1200 17th St NW
8th Floor

City State Zip Code
Washington DC 20036-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 1 / 2 0 0 6

Transaction ID: 60920.C317

Amount of Each Receipt this Period

2500.00

Receipt

C. Full Name (Last, First, Middle Initial)

Peabody PAC

Mailing Address 701 Market St

City State Zip Code
Saint Louis MO 63101-1830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 9 / 2 0 0 6

Transaction ID: 60920.C307

Amount of Each Receipt this Period

5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

12500.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)
Schering-Plough Corporation PAC

Mailing Address 1130 Connecticut Ave NW

City State Zip Code
 Washington DC 20036-3901

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 2 8 / 2 0 0 6

Transaction ID: 60920.C318

Amount of Each Receipt this Period

1500.00

Receipt

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

14000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) G.h. Boyce		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 9 / 2 0 0 6
Mailing Address 11012 Clayton Rd		Transaction ID: 60920.C308
City Saint Louis	State MO	Zip Code 63131-2545
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer None	Occupation Retired	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B. Full Name (Last, First, Middle Initial) Sharon Fiehler		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 330 N Meramec Ave		Transaction ID: 60920.C311
City Saint Louis	State MO	Zip Code 63105-3719
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Peabody Energy	Occupation Vice President	Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Gregg Hartley		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6
Mailing Address 4037 35th St N		Transaction ID: 60920.C320
City Arlington	State VA	Zip Code 22207-4427
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Cassidy & Associates	Occupation Lobbyist	Memo
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	[MEMO ITEM] Presumptive reattribution

SUBTOTAL of Receipts This Page (optional)

7000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Mary Hartley

Mailing Address 4037 35th St N

City State Zip Code
Arlington VA 22207-4427

FEC ID number of contributing
federal political committee.

C

Name of Employer
Information Requested

Occupation
Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 2 / 2 0 0 6

Transaction ID: 60920.C319

Amount of Each Receipt this Period

5000.00

Memo

[MEMO ITEM]

4/6 check attr. to G. Hartley

B. Full Name (Last, First, Middle Initial)

Judy Navarre

Mailing Address 16651 Kehrsgrrove Dr

City State Zip Code
Chesterfield MO 63005-4595

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peabody Energy

Occupation
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 60920.C312

Amount of Each Receipt this Period

2000.00

Receipt

C. Full Name (Last, First, Middle Initial)

Jiri Nemec

Mailing Address 10 Coleridge Dr

City State Zip Code
Glen Carbon IL 62034-1565

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peabody Energy

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 1 5 / 2 0 0 6

Transaction ID: 60920.C310

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

4000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Frederick Palmer Mailing Address 57 Fair Oaks Dr City State Zip Code Saint Louis MO 63124-1521 FEC ID number of contributing federal political committee. C Name of Employer Occupation Peabody Energy Government Affairs Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 993.83			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 3 / 2 0 0 6 Transaction ID: 60920.C304 Amount of Each Receipt this Period 993.83 In-Kind Breakfast Catering
B. Full Name (Last, First, Middle Initial) Frederick Palmer Mailing Address 57 Fair Oaks Dr City State Zip Code Saint Louis MO 63124-1521 FEC ID number of contributing federal political committee. C Name of Employer Occupation Peabody Energy Government Affairs Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 4993.83			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Transaction ID: 60920.C305 Amount of Each Receipt this Period 4000.00 Receipt
C. Full Name (Last, First, Middle Initial) Gayle Palmer Mailing Address 57 Fair Oaks Dr City State Zip Code Saint Louis MO 63124-1521 FEC ID number of contributing federal political committee. C Name of Employer Occupation Information Requested Information Requested Receipt For: Aggregate Year-to-Date ▼ <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ 5000.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 9 / 2 0 0 6 Transaction ID: 60920.C306 Amount of Each Receipt this Period 5000.00 Receipt

SUBTOTAL of Receipts This Page (optional)

9993.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) Roger Walcott		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 10 Countryside Ln		Transaction ID: 60920.C313
City Saint Louis	State MO	Zip Code 63131-3310
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Peabody Energy	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

B. Full Name (Last, First, Middle Initial) Jeanne Whiting		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 333 Conway Hill Rd		Transaction ID: 60920.C315
City Saint Louis	State MO	Zip Code 63141-7239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer None	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

C. Full Name (Last, First, Middle Initial) Richard Whiting		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 5 / 2 0 0 6
Mailing Address 333 Conway Hill Rd		Transaction ID: 60920.C316
City Saint Louis	State MO	Zip Code 63141-7239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2000.00
Name of Employer Peabody Energy	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Receipt

SUBTOTAL of Receipts This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 31

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial)

Kemal Williamson

Mailing Address 1321 Overdale Dr

City State Zip Code
 Gillette WY 82718-7532

FEC ID number of contributing
federal political committee.

C

Name of Employer
Peabody Energy

Occupation
Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
 0 8 / 1 5 / 2 0 0 6

Transaction ID: 60920.C314

Amount of Each Receipt this Period

2000.00

Receipt

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

28993.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Visa

Mailing Address PO Box 77042

City
Madison

State
WI

Zip Code
53707-1042

Purpose of Disbursement
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E326

Date of Disbursement

MM / DD / YYYY
08 / 04 / 2006

Amount of Each Disbursement this Period

3505.49

CREDIT CARD CHARGES: SEE
BELOW

Full Name (Last, First, Middle Initial)

B. Washington Courier

Mailing Address Washington, DC

City

State

Zip Code
-

Purpose of Disbursement
PAC COURIER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E336

Date of Disbursement

MM / DD / YYYY
07 / 10 / 2006

Amount of Each Disbursement this Period

62.93

[MEMO ITEM]
MEMO: PAC COURIER SERVICES

Full Name (Last, First, Middle Initial)

C. Washington Courier

Mailing Address Washington, DC

City

State

Zip Code
-

Purpose of Disbursement
PAC COURIER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E337

Date of Disbursement

MM / DD / YYYY
07 / 19 / 2006

Amount of Each Disbursement this Period

62.91

[MEMO ITEM]
MEMO: PAC COURIER SERVICES

SUBTOTAL of Disbursements This Page (optional)

3505.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. SCI*Stamps.com

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60920.E344

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

B. SCI*Stamps.com

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60920.E335

Date of Disbursement

07 / 07 / 2006

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

C. SCI*Stamps.com

Mailing Address

City State Zip Code

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60920.E343

Date of Disbursement

07 / 18 / 2006

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) American Air		Transaction ID: 60920.E330 Date of Disbursement <div> <div>07</div> <div>05</div> <div>2006</div> </div>	
Mailing Address		Amount of Each Disbursement this Period <div>276.30</div>	
City	State	Zip Code	
Purpose of Disbursement PAC AIRFARE		<div> <div>Category/Type</div> </div>	
Candidate Name			
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>		
State:	District:		
B. Full Name (Last, First, Middle Initial) Homstead Resort		Transaction ID: 60920.E339 Date of Disbursement <div> <div>07</div> <div>16</div> <div>2006</div> </div>	
Mailing Address		Amount of Each Disbursement this Period <div>629.86</div>	
City	State	Zip Code	
Purpose of Disbursement PAC LODGING EXPENSE		<div> <div>Category/Type</div> </div>	
Candidate Name			
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>		
State:	District:		
C. Full Name (Last, First, Middle Initial) Homstead Resort		Transaction ID: 60920.E341 Date of Disbursement <div> <div>07</div> <div>16</div> <div>2006</div> </div>	
Mailing Address		Amount of Each Disbursement this Period <div>755.46</div>	
City	State	Zip Code	
Purpose of Disbursement PAC TRAVEL EXPENSE		<div> <div>Category/Type</div> </div>	
Candidate Name			
Office Sought: <div> <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President </div>	Disbursement For: <div> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </div>		
State:	District:		

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Homstead Resort

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC TRAVEL EXPENSE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E340

Date of Disbursement

/ /

Amount of Each Disbursement this Period

389.47

[MEMO ITEM]

MEMO: PAC TRAVEL EXPENSE

Full Name (Last, First, Middle Initial)

B. NWA Air

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC AIRFARE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E342

Date of Disbursement

/ /

Amount of Each Disbursement this Period

499.60

[MEMO ITEM]

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 77042

City

Madison

State

WI

Zip Code

53707-1042

Purpose of Disbursement

CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E280

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3952.79

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

3952.79

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Acadiana

Mailing Address 901 New York Avenue, NW

City
Washington

State
DC

Zip Code
20006-

Purpose of Disbursement
PAC CATERING DINNER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E284

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2834.65

[MEMO ITEM]

MEMO: PAC CATERING DINNER

Full Name (Last, First, Middle Initial)

B. Acadiana

Mailing Address 901 New York Avenue, NW

City
Washington

State
DC

Zip Code
20006-

Purpose of Disbursement
PAC CATERING DINNER

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E282

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

[MEMO ITEM]

MEMO: PAC CATERING DINNER

Full Name (Last, First, Middle Initial)

C. Bistro Bis

Mailing Address 15 E St NW

City
Washington

State
DC

Zip Code
20001-1501

Purpose of Disbursement
PAC CATERING BREAKFAST

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E281

Date of Disbursement

/ /

Amount of Each Disbursement this Period

591.45

[MEMO ITEM]

MEMO: PAC CATERING BREAKFAST

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E275 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6 Amount of Each Disbursement this Period 139.67 CREDIT CARD CHARGES: SEE BELOW
B. Martins Tavern Full Name (Last, First, Middle Initial) Mailing Address 1264 Wisconsin Ave NW City Washington State DC Zip Code 20007-3238 Purpose of Disbursement PAC DONOR MEETING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E277 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 1 / 2 0 0 6 Amount of Each Disbursement this Period 47.63 [MEMO ITEM] MEMO: PAC DONOR MEETING
C. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E297 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 361.04 CREDIT CARD CHARGES: SEE BELOW

SUBTOTAL of Disbursements This Page (optional)

500.71

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Greenbrier Hotel

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC FOOD EXPENSE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E301

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.49

[MEMO ITEM]

MEMO: PAC FOOD EXPENSE

Full Name (Last, First, Middle Initial)

B. Greenbrier Hotel

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC FOOD EXPENSE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E300

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.57

[MEMO ITEM]

MEMO: PAC FOOD EXPENSE

Full Name (Last, First, Middle Initial)

C. Greenbrier Hotel

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC LODGING EXPENSE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E299

Date of Disbursement

/ /

Amount of Each Disbursement this Period

196.10

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Visa Full Name (Last, First, Middle Initial) Mailing Address PO Box 77042 City Madison State WI Zip Code 53707-1042 Purpose of Disbursement CREDIT CARD CHARGES: SEE BELOW Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E287 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 Amount of Each Disbursement this Period 1951.34 CREDIT CARD CHARGES: SEE BELOW
B. US Airways Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code - Purpose of Disbursement PAC AIRFARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E295 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 724.30 [MEMO ITEM] MEMO: PAC AIRFARE
C. United Airlines Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code - Purpose of Disbursement PAC AIRFARE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E289 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 7 / 2 0 0 6 Amount of Each Disbursement this Period 368.60 [MEMO ITEM] MEMO: PAC AIRFARE

SUBTOTAL of Disbursements This Page (optional)

1951.34

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 21 / 31

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Sheraton Hotels

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement
PAC LODGING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E291

Date of Disbursement

/ /

Amount of Each Disbursement this Period

206.21

[MEMO ITEM]

MEMO: PAC LODGING EXPENSE

Full Name (Last, First, Middle Initial)

B. Continental Airlines

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E294

Date of Disbursement

/ /

Amount of Each Disbursement this Period

317.80

[MEMO ITEM]

MEMO: PAC AIRFARE

Full Name (Last, First, Middle Initial)

C. Visa

Mailing Address PO Box 77042

City
Madison

State
WI

Zip Code
53707-1042

Purpose of Disbursement
CREDIT CARD CHARGES: SEE BELOW

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E325

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1937.03

CREDIT CARD CHARGES: SEE
BELOW

SUBTOTAL of Disbursements This Page (optional)

1937.03

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Washington Courier

Mailing Address Washington, DC

City State Zip Code

Purpose of Disbursement
PAC COURIER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E311

Date of Disbursement

08 / 04 / 2006

Amount of Each Disbursement this Period

23.48

[MEMO ITEM]

MEMO: PAC COURIER SERVICES

Full Name (Last, First, Middle Initial)

B. Washington Courier

Mailing Address Washington, DC

City State Zip Code

Purpose of Disbursement
PAC COURIER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E317

Date of Disbursement

08 / 19 / 2006

Amount of Each Disbursement this Period

23.48

[MEMO ITEM]

MEMO: PAC COURIER SERVICES

Full Name (Last, First, Middle Initial)

C. SCI*Stamps.com

Mailing Address

City State Zip Code

Purpose of Disbursement
PAC POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E312

Date of Disbursement

08 / 07 / 2006

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 31

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. SCI*Stamps.com

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E314

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

B. SCI*Stamps.com

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC POSTAGE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E313

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.99

[MEMO ITEM]

MEMO: PAC POSTAGE

Full Name (Last, First, Middle Initial)

C. American Air

Mailing Address

City

State

Zip Code

-

Purpose of Disbursement

PAC AIRFARE

Candidate Name

Category/
Type

Office Sought:

☐ House

☐ Senate

☐ President

State:

District:

Disbursement For:

☐ Primary

☐ General

☐ Other (specify) ▼

Transaction ID: 60920.E309

Date of Disbursement

/ /

Amount of Each Disbursement this Period

909.30

[MEMO ITEM]

MEMO: PAC AIRFARE

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Marriott Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement PAC LODGING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E315 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 9 / 2 0 0 6 Amount of Each Disbursement this Period 280.77 [MEMO ITEM] MEMO: PAC LODGING EXPENSE
B. Marriott Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement PAC TRAVEL EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E316 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 0 6 Amount of Each Disbursement this Period 38.00 [MEMO ITEM] MEMO: PAC TRAVEL EXPENSE
C. West Los Angeles Westwood Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement PAC LODGING EXPENSE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Transaction ID: 60920.E319 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 Amount of Each Disbursement this Period 11.69 [MEMO ITEM] MEMO: PAC LODGING EXPENSE

SUBTOTAL of Disbursements This Page (optional) ►

0.00

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Rely on Your Beliefs Fund

A. Full Name (Last, First, Middle Initial) West Los Angeles Westwood		Transaction ID: 60920.E318 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2006</div> </div>
Mailing Address		Amount of Each Disbursement this Period <div>424.90</div>
City	State	
Zip Code		
-		
Purpose of Disbursement PAC LODGING EXPENSE		<div>Category/Type</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B. Full Name (Last, First, Middle Initial) McKenna Long & Aldridge		Transaction ID: 60920.E271 Date of Disbursement <div> <div>08</div> <div>29</div> <div>2006</div> </div>
Mailing Address 303 Peachtree St NE Suite 5300		Amount of Each Disbursement this Period <div>1000.00</div>
City	State	
Zip Code		
Atlanta GA 30308-3265		
Purpose of Disbursement PAC LEGAL SERVICES		<div>Category/Type</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C. Full Name (Last, First, Middle Initial) Thompson Communications		Transaction ID: 60920.E262 Date of Disbursement <div> <div>08</div> <div>18</div> <div>2006</div> </div>
Mailing Address P.O. Box 5		Amount of Each Disbursement this Period <div>10629.97</div>
City	State	
Zip Code		
Marshfield MO 65706-0005		
Purpose of Disbursement PAC JULY STAFFING SERVICES		<div>Category/Type</div>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)

11629.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Thompson Communications

Mailing Address P.O. Box 5

City
Marshfield

State
MO

Zip Code
65706-0005

Purpose of Disbursement
PAC JUNE STAFFING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E261

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10629.97

PAC JUNE STAFFING SERVICES

Full Name (Last, First, Middle Initial)

B. Roll Call

Mailing Address 50 F St NW Ste 700
Suite 700

City
Washington

State
DC

Zip Code
20001-1530

Purpose of Disbursement
PAC SUBSCRIPTION EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E267

Date of Disbursement

/ /

Amount of Each Disbursement this Period

415.00

PAC SUBSCRIPTION EXPENSE

Full Name (Last, First, Middle Initial)

C. Roll Call

Mailing Address 50 F St NW Ste 700
Suite 700

City
Washington

State
DC

Zip Code
20001-1530

Purpose of Disbursement
CANCELLATION OF CHECK 2225

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E351

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-325.00

CANCELLATION OF CHECK 2225

SUBTOTAL of Disbursements This Page (optional)

10719.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Monsanto

Mailing Address 1300 I Street, NE
Suite 450 East

City Washington State DC Zip Code 20005-

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E270

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

3096.00

PAC AIRFARE

Full Name (Last, First, Middle Initial)

B. Burlington Northern Santa Fe

Mailing Address 700 13th St NW Ste 220
Suite 220

City Washington State DC Zip Code 20005-5915

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E268

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

225.00

PAC AIRFARE

Full Name (Last, First, Middle Initial)

C. Fed Ex

Mailing Address 101 Constitution Ave NW Ste 801
Suite 801 East

City Washington State DC Zip Code 20001-2133

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E269

Date of Disbursement

08 / 29 / 2006

Amount of Each Disbursement this Period

3334.00

PAC AIRFARE

SUBTOTAL of Disbursements This Page (optional)

6655.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Qualcomm

Mailing Address 2000 K St NW

City
Washington

State
DC

Zip Code
20006-1816

Purpose of Disbursement
PAC AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E272

Date of Disbursement

08 / 22 / 2006

Amount of Each Disbursement this Period

626.00

PAC AIRFARE

Full Name (Last, First, Middle Initial)

B. Frederick Palmer

Mailing Address 57 Fair Oaks Dr

City
Saint Louis

State
MO

Zip Code
63124-1521

Purpose of Disbursement
BREAKFAST CATERING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.C304IK

Date of Disbursement

08 / 03 / 2006

Amount of Each Disbursement this Period

993.83

IN KIND: BREAKFAST CATERING

Full Name (Last, First, Middle Initial)

C. Jay Perron

Mailing Address 1441 Constitution Ave NE

City
Washington

State
DC

Zip Code
20002-6421

Purpose of Disbursement
PAC TRAVEL REIMBURSEMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E265

Date of Disbursement

08 / 25 / 2006

Amount of Each Disbursement this Period

105.00

PAC TRAVEL REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional)

1724.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement
PAC JULY OFFICE SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60920.E263

Date of Disbursement

/ /

Amount of Each Disbursement this Period

174.35

PAC JULY OFFICE SERVICES

Full Name (Last, First, Middle Initial)

B. Dan Williams

Mailing Address 209 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1107

Purpose of Disbursement
PAC OFFICE RENT AND FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60920.E266

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2046.75

PAC OFFICE RENT AND FEES

SUBTOTAL of Disbursements This Page (optional)

2221.10

TOTAL This Period (last page this line number only)

44798.23

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. Texans for Henry Bonilla

Mailing Address PO Box 17292

City
San Antonio

State
TX

Zip Code
78217-0292

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name
HENRY BONILLA

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 23

Transaction ID: 60920.E273

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. Huffman for Congress

Mailing Address PO Box 70210

City
Tucson

State
AZ

Zip Code
85737-0030

Purpose of Disbursement
PAC CONTRIBUTION

Candidate Name
JON STEVEN JR HUFFMAN

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 08

Transaction ID: 60920.E274

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

PAC CONTRIBUTION

SUBTOTAL of Disbursements This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Rely on Your Beliefs Fund

Full Name (Last, First, Middle Initial)

A. William L. Clay Scholarship & Research F

Mailing Address 18 Huntleigh Woods

City
Saint Louis

State
MO

Zip Code
63131-4818

Purpose of Disbursement
CANCELLATION OF CHECK 2261

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E352

Date of Disbursement

/ /

Amount of Each Disbursement this Period

-500.00

Full Name (Last, First, Middle Initial)

B. William L. Clay Scholarship & Research F

Mailing Address 18 Huntleigh Woods

City
Saint Louis

State
MO

Zip Code
63131-4818

Purpose of Disbursement
PAC CHARITABLE CONTRIBUTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60920.E259

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

500.00

TOTAL This Period (last page this line number only)

500.00